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# Explicit Trauma-Informed Baccalaureate Curriculum: Emphasizing the Need for Interdisciplinary Professional Knowledge

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Explicit Trauma-Informed Baccalaureate Curriculum: Emphasizing the Need for  
Interdisciplinary Professional Knowledge

by

Joyce Hepscher

A Banded Dissertation in Partial Fulfillment  
Of the Requirements for the Degree  
Doctor of Social Work

University of Saint Thomas  
School of Social Work

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### Abstract

This Banded Dissertation consists of three products emphasizing the need for trauma-informed knowledge to be incorporated into interdisciplinary social service baccalaureate curriculum. A combined person-in-environment and trauma-informed perspective is utilized as the framework to guide understanding of the interwoven impact bachelor's-level social service professionals and trauma survivors experience within collaborative multidisciplinary system-of-care environments. Awareness is presented through a conceptual analysis, a qualitative exploratory study, and a professional presentation.

Product one: a conceptual analysis calls attention to the need for incorporation of trauma-informed understanding within interdisciplinary baccalaureate education to decrease indirect trauma symptoms in bachelor's-level professionals. Findings demonstrate that bachelor's-level social service professionals are routinely exposed to a range of traumatic client experiences which can lead to their experiencing indirect traumatic symptoms. Future consideration is given to explicit incorporation of two social work training tools within interdisciplinary baccalaureate curriculum to build trauma proficiency.

Product two: a qualitative exploratory study was conducted utilizing semi-structured interviews with bachelor's-level professionals serving in a multitude of positions within highly trauma exposed system-of-care environments in the state of Florida. Person-in-environment and trauma-informed perspectives were utilized as the combined conceptual framework guiding this work. Responses were analyzed to represent participants' need of trauma-knowledgeable skills. Results showed that participants lack a basic trauma-informed foundation to use as a resource when interacting with trauma survivors.

Product three: a professional poster presentation calling social work educators to take the lead in incorporation of trauma-informed knowledge from an interdisciplinary perspective within baccalaureate curriculum. Person-in-environment and trauma-informed perspectives are utilized as a combined conceptual framework. This presentation argued for inclusion of trauma-informed knowledge portraying interdisciplinary collaboration with other high trauma exposed disciplines within baccalaureate curriculum. Trauma-informed understanding would guide bachelor's-level professionals interested in pursuing social service positions in high trauma environments following graduation.

This Banded Dissertation emphasizes the necessity for explicit interdisciplinary trauma-informed baccalaureate curriculum providing a foundation for professional reference when working in trauma environments. Such a curriculum is urged to be adapted from a social work perspective as trauma-informed practice aligns with core social work values to promote social justice for oppressed and vulnerable populations. Interdisciplinary curriculum integration would mimic real world multidisciplinary system-of-care settings demonstrating the importance of professional collaboration.

*Keywords:* trauma-informed knowledge, interdisciplinary baccalaureate curriculum, indirect trauma symptoms, bachelor's-level trauma professionals

### Dedication

This Banded Dissertation is dedicated to the bachelor's-level social service professionals fighting for the injustice's others have experienced. These professionals are willing to gamble with their own well-being in order to give voice to those who are currently voiceless. And, to the participants and the program directors who put forth recruitment efforts demonstrating their belief in my work and the importance of this topic. May you all continue to aid trauma survivors while simultaneously nourishing yourselves.

### Acknowledgements

I would like to begin by thanking my daughters who taught me what it is like to trust unconditionally. Natalie, you unknowingly inspired me to learn new words thus expanding my vocabulary, you taught me to say things differently and pushed me to always challenge myself to achieve the best. Whitney, your curiosity to understand the world encouraged me to ask why, the reminder to pay attention to the little details that make a difference in the long run and to put in your best effort even when you don't feel up to the task served as a consistent reminder for me to role model the same in my work. You girls ignite a passion within me to be the best that I can be. I hope that you both push yourselves to achieve your wildest dreams in life.

To my husband, Billy, thank you for making this journey possible, beyond financial support, you are the one who researched and found this program and encouraged me to make the choice to conquer this challenge. This was an amazing journey from start to finish which was made possible through your efforts. Thank you for believing in and challenging me. I never would have embarked on this journey without your push to do so.

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Jennifer Andersson, my aunt and amazing editor, thank you for helping me to see what I could not see in my own writing and for pushing me to think through the different meaning words have when rearranged. Your keen eye and meticulous insight to the written word is the

one piece I lacked in creating this manuscript. I deeply appreciate your insight, guidance, and dedication to assisting me in this endeavor.

Dr. Carolyn Knight, Amy Haines, and the anonymous peer-reviewers who read my work, thank you for devoting your time and energy to serving as my peer consultant and trauma-informed (TI) expert. I am thankful for your willingness to assist me in ensuring my understanding of TI perspective was accurate, that my biases hadn't impacted my ability to analyze the data most effectively, and that my attention to detail was indeed moving the argument for TI understanding along.

To my parents, Louis and Geri Yontz, thank you for believing in me, instilling in me a value to do my best in all that I do, to help others, and to laugh along the way. You have always loved, supported, and encouraged me in every endeavor I have embarked upon providing me with a complete sense of empowerment.

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## Explicit Trauma-Informed Baccalaureate Curriculum: Emphasizing the Need for Multidisciplinary Professional Knowledge

Individuals who have experienced traumatic life events often voluntarily seek or are mandated to receive services from social service professionals to assist them with finding safety, seeking justice and accessing community resources to help them combat the environmental difficulties they are experiencing. System-of-care settings were created with the goal of offering trauma survivors a collaborative continuum of care from an interdisciplinary team of knowledgeable providers in areas such as child welfare, child protection, corrections, emergency response, healthcare, mental health, education, and domestic and sexual assault (Adams & Riggs, 2008; Crocker & Joss, 2016; Kenny, Vasquez, Long, & Thompson, 2017; Ko et al., 2008). Bachelor's-level social workers are often drawn to fill positions within such environments working with trauma survivors where duties place them in a position to routinely be the first contact a victim has following a traumatic experience. Many of the professionals serving in these systems hold a bachelor's degree as their highest level of education and do not receive training emphasizing an understanding of trauma and its effects on victims or the impact such work can have on the professionals themselves. Integration of trauma-informed knowledge infused with person-in-environment perspective within baccalaureate curriculum would provide bachelor's-level professionals a foundational understanding of the impact trauma has on survivors with an emphasis on collaboration with the survivor, professional and multidisciplinary team as part of an intertwined connected system.

Repeat exposure to trauma survivors interpretations of their experiences as part of routine job responsibilities is commonly recognized as having led to an increase in professional and personal symptomatic responses for personnel serving in direct or indirect roles (Adams &

Riggs, 2008; Cocker & Joss, 2016; Ellis & Knight, 2018; Kenny et al., 2017). Indirect trauma is the comprehensive term recognized in this Banded Dissertation to define the manifestations of experienced symptoms occurring to social service professionals in response to their exchanges with survivors. Recognition of symptoms including anxiety, depression, intrusive thoughts and feelings, insomnia, increased feelings of personal vulnerability, avoidance of or over-identification with clients, impaired views of the social world, and gradual reduction in compassion with clients has led to significant specialized focus within graduate-level studies for the past thirty years (Adams & Riggs, 2008; Ellis & Knight, 2018; Knight, 2010; Knight, 2013). The problem remains that higher education environments have yet to implement an explicit trauma understanding from an interdisciplinary perspective within baccalaureate curriculum even though research highlights these professionals to be equally at risk of experiencing the same symptoms (Kenny et al., 2017; Knight, 2013). It is imperative that social service professionals at all levels are aware of the impact that such interactions can have on their mental well-being (Knight, 2015).

A combined person-in-environment (PIE) and trauma-informed (TI) perspective aligns with professional social work values. Carol Germain first introduced the PIE perspective to the social work profession through identification that assistive environments are part of a connected system in which the professional and client do not move in isolation but are intertwined to equally impact each other (Rotabi, 2007). PIE is utilized in this Banded Dissertation to highlight the collaborative value found in the TI perspective by demonstrating how professionals and survivors equally influence one another when working to fight the injustices having occurred to trauma victims.

Trauma-informed (TI) perspective was introduced by Harris and Fallot in 2001 as a way to understand how the working alliance in partnership with the survivors individual interpretation of their experience can be combined for successful client intervention (Knight, 2015). TI consists of five core principles: trust, safety, choice, collaboration, and empowerment. TI is utilized in this banded dissertation to illustrate the five foundational components needed for inclusion within baccalaureate curriculum emphasizing the necessity for collaborative and trusting professional/client partnerships led by the survivors interpretation of their experiences to guide the recovery process.

An interdisciplinary baccalaureate curriculum mirroring the multidisciplinary system-of-care social service hubs currently serving trauma survivors is recommended to be initiated from a social work perspective utilizing a combined PIE and TI perspective. This combined knowledge base would offer multidisciplinary system-of-care team members of all levels sufficient tools to proficiently assist in fighting the injustices faced by survivors based on their distinctive positional duties (Ko et al., 2008; Marlowe & Adamson, 2011). Inclusion of explicit trauma-focused curriculum is critical for bachelor's-level social service professionals who spend the most amount of time with trauma survivors as outlined in their job duties and who hold interdisciplinary degrees including, social work, criminal justice, nursing, theology, psychology, women's studies, and helping professions (Ludick & Figley, 2017; Strand et al., 2014). The goal of baccalaureate TI curriculum is not to produce TI specialists, but to provide these trauma-exposed professionals a firm TI knowledgebase emphasizing an understanding of traumatic experiences encountered by survivors and the toll these interactions can have on the professional themselves. It is recommended that trauma-informed social work specialists take the lead in

creation of a bachelor's-level interdisciplinary TI course to offer a firm foundation to those students wanting to serve in trauma environments following graduation.

### **Conceptual Framework**

The person-in-environment (PIE) and trauma-informed (TI) perspectives are the two combined theories utilized as a conceptual framework to guide this Banded Dissertation. The PIE perspective serves to guide an understanding of the impact of interactions between survivors and professionals in the system-of-care environments in which they interact. The TI perspective serves to guide knowledge and application of the five TI values: safety, trust, choice, collaboration, and empowerment.

#### **Person-in-Environment Perspective**

The PIE perspective is a theory that focuses on the whole person and how social environments influence human behavior. Theorists speculated that humans are part of a larger hierarchical system composed of individual biological factors combined with parts of larger populations, cultural systems, and ecosystems (Crosby, 2015; Gitterman, Germain, & Knight, 2018). Carol Germain was concerned with the enhancement of the quality of transactions between people and their environments and further connected this concept to the elements of time and space as related to human connections (Rotabi, 2007). Germain focused on treatment with the individual and the problem as part of a connected environment, not on just the person or the illness in isolation. The PIE perspective embedded within social work education places emphasis on assisting survivors to understand how adverse effects from their past experiences influence their present-day coping difficulties (Knight, 2015; Levenson, 2017). PIE was utilized in this Banded Dissertation to emphasize the collaboration value found in the TI perspective by

highlighting how professional/client partnerships impact each other within multidisciplinary system-of-care environments.

### **Trauma-Informed Perspective**

The TI perspective is an approach to practice and care that prioritizes the survivors individualized interpretation of the traumatic experience. Theorists believe that a collaborative team approach originating from a shared understanding of the individual survivor's interpretation of their experience is required to support the recovery process (Gillen, 2012; Harris & Fallot, 2001; Knight, 2018; Ko et al., 2008; Levenson, 2017, Wolf, Green, Nochajski, Mendel, & Kusmaul, 2014). Today's commonly recognized TI perspective was originally created by Harris and Fallot in 2001. For TI to be effective, safety and trust are established through collaborative efforts, and control is returned to the survivor through individual choices, thus empowering them. TI perspective was utilized in this Banded Dissertation to identify the foundational aspects of the five core principles recommended for curriculum inclusion.

**Safety.** The first value, safety, incorporates a sense of both physical and mental safety of victims, organizations, and social service professionals. Interventions are ineffective if the client does not feel physically or mentally safe to participate in treatment efforts (Levenson, 2017, Wolf et al., 2014). It is a necessary precondition to make every effort to ensure social service professionals feel physically and mentally safe working within their team and in their work environment so they can most effectively aid victims (Carello & Butler, 2015, Wolf et al., 2014).

**Trustworthiness.** The second value, trustworthiness, integrates an understanding of expectations and boundaries important to building trust within the client/professional relationship (Salloum, Kondrat, Johnco, & Olson, 2015, Wolf et al., 2014). To maximize trustworthiness, professionals must eliminate vagueness and set clear service delivery guidelines and boundaries

so clients obtain a full understanding of what is expected of them and what they can in turn expect from the professional (Fallot & Harris, 2009). Professionals working on interdisciplinary collaborative TI teams can also benefit from building and maintaining trusting relationships with one another.

**Choice.** The third value, choice, provides control to survivors in treatment services. Control is an important factor in the trauma perspective as control was taken away from the survivor during their traumatic experience (Wilson, Pence, & Conradi, 2013). Social service professionals need to provide care that returns control to the survivor. Return of control can transform a client from feeling like a powerless victim to an individual in control of their own decisions (Levenson, 2017).

**Collaboration.** The fourth value, collaboration, is important to demonstrate the shared team approach needed to provide effective trauma intervention. This value is successful when the professional/client relationship combines the professional's working knowledge with the client's interpretation of their lived truths and coping responses (Levenson, 2017). To maximize collaboration, the social service professionals most efficiently serve the client by uniting as a joint team with the survivor (Fallot & Harris, 2009, Wolf et al., 2014).

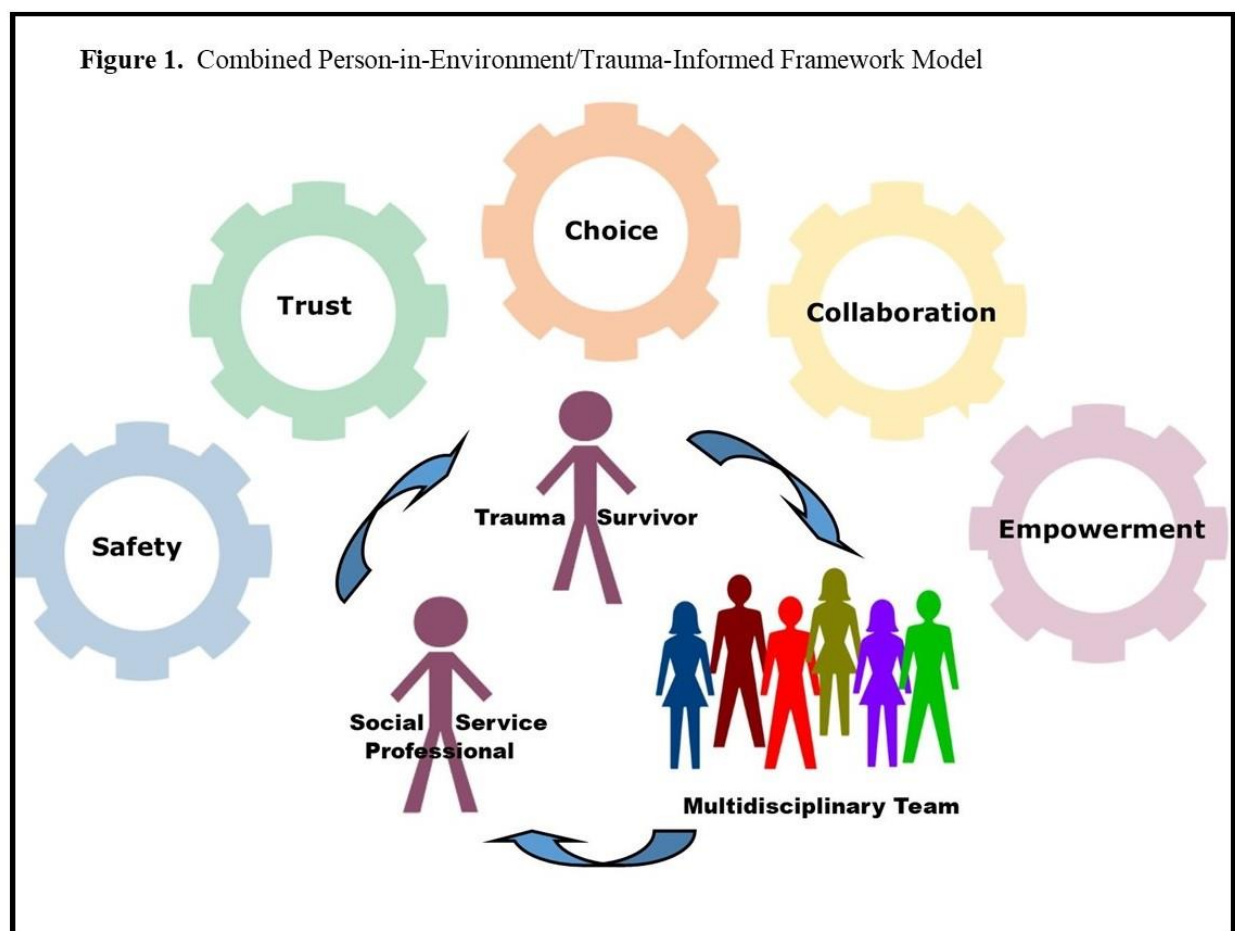
**Empowerment.** The last value, empowerment, allows clients to enhance their treatment through a strengths-based approach. It is reached by prioritizing skill building through recognition of consumers strengths and skills, allowing the client to feel validated and affirmed (Fallot & Harris, 2009, Wolf et al., 2014).

### **Combined Person-in-Environment/Trauma-Informed Framework Model**

The combined person-in-environment/trauma-informed framework guided this author to create a visual representation demonstrating the conceptual framework as it relates to the



collaborative environments serving trauma survivors (see Figure 1). The PIE and TI perspectives combined bring perspective to the connected treatment environment and not just the survivor in isolation. Shown in the center is the connected treatment environment consisting of the trauma survivor, social service professional and extended multidisciplinary team. Arrows are used to demonstrate the intertwined connection with one another within system-of-care treatment environments. For treatment to be most effective, it is important that all team members recognize the individual as part of the connected environment while sharing an overarching universal trauma-informed understanding to enhance intervention efforts as demonstrated by the five overarching TI values.



*Figure 1.* The combined person-in-environment/trauma-informed conceptual framework model highlighting the connected relationships within the treatment environment combined with an overarching trauma-informed understanding. Model created for this manuscript by author.

### **Summary of Banded Dissertation Products**

This Banded Dissertation is composed of three scholarly products, a conceptual analysis, a qualitative exploratory study, and a professional presentation. Person-in-environment and trauma-informed perspectives are integrated to provide a lens through which one can understand how professionals and survivors influence each other. All three products share the goal of understanding the need for integration of interdisciplinary trauma-informed curriculum within baccalaureate education.

Product one: a conceptual analysis brings awareness to the fact that bachelor's-level social service professionals working with trauma survivors serve as one part of a multidisciplinary collaborative team serving alongside others from multiple disciplines and at differing educational levels. Research has proven that TI education offers professionals specific tools to utilize in assisting trauma survivors in their recovery efforts as well as tools to utilize to increase resiliency in their own physical and mental well-being to protect against indirect traumatic symptoms. Higher education institutions are responsible for searching out knowledge sources to offer tools necessary for success within the complex social worlds in which students will encounter post-graduation, yet baccalaureate programs are currently not providing the necessary skills bachelor's-level social service professionals need when they enter into high trauma exposed fields. Two social work training tools are recommended for use as a combined TI curriculum within interdisciplinary baccalaureate curriculum. Implementation of blending both The Child Welfare Community National Child Traumatic Stress Networks (NCTSN)

trauma training toolkit (NCTSN, 2016) and The Council on Social Work Education's (CSWE) Specialized Practice Curricular Guide for Trauma-Informed Social Work Practice (CSWE, 2018) to offer students a strong foundational reference upon entry into multidisciplinary system-of-care environments. Such a curriculum would offer bachelor's-level professionals a generalist TI knowledge foundation, not a TI specialization, to create a shared language and common foundation within trauma serving environments.

Product two: a qualitative exploratory study consisting of fifteen semi-structured interviews sampling bachelor's-level professionals serving as a child welfare case manager, child protective investigator, law enforcement officer, emergency medical professional, or a domestic violence/sexual assault advocate within multidisciplinary system-of-care environments in the state of Florida. Participants responses were first analyzed in relation to the values found in the combined person-in-environment and trauma-informed conceptual framework. Secondly, responses were inductively analyzed for manifestations of indirect trauma to identify participants need to obtain trauma-informed knowledge for utilization in serving clients within multidisciplinary social service positions. Results demonstrated that participants lack a basic TI knowledge base, leaving them susceptible to indirect trauma. Higher education programs are called to provide a TI course as part of baccalaureate curriculum adequately reflecting what interdisciplinary work within highly trauma exposed multidisciplinary system-of-care environments look like. The goal of such a course is not to become TI specialists, but rather to be TI knowledgeable within the parameters of generalist duties and to teach resiliency skills offering the ability to quickly recover, returning to high functioning following trauma exposure.

Product three: an academic poster presentation presented at the Council on Social Work Education's (CSWE) 63<sup>rd</sup> Annual Program Meeting (APM) in Denver, CO on Friday, October

25, 2019, was based on Product one's conceptual paper calling for TI interdisciplinary educational inclusion within undergraduate curriculum. An overall positive response was received from social work educators who recognize the need for TI incorporation within baccalaureate social work curriculum and who are eager for guidelines outlining such a course. Presentation participants verbalized their quest to find such guidelines, but they do not yet exist. It was congruently recognized that bachelor's-level social service professionals would benefit from becoming trauma knowledgeable to assist in negating indirect trauma symptoms from occurring. Social work educators are encouraged to proactively construct a TI course offering strengths-based and person-centered tools mirroring multidisciplinary social service systems-of-care to achieve interdisciplinary student success immediately upon entry into highly trauma exposed fields.

### **Discussion**

Bachelor's-level professionals hold positions on collaborative teams within unique cultural environments such as multidisciplinary system-of-care environments. Social service professionals working in such environments in the state of Florida hold differing levels of degrees, if any secondary degree at all, from multiple disciplines. There are validated undesirable risks for professionals serving in positions having been exposed to others traumatic interpretations. The primary role of higher education is to prepare students for professional practice by providing them with the tools necessary for success within the complex environments they will encounter following graduation. Bachelor's-level professionals are recognized as being drawn to serve in high trauma exposed positions, therefore higher education institutions are obligated to adequately prepare students for the inevitable exposure that they will encounter in the real world, yet they are not currently doing so. As social service professionals continue to

fight for social justice of those having been exposed to trauma, it is imperative that interdisciplinary departments such as, but not limited to, social work, criminal justice, nursing, theology, psychology, women's studies, and helping professions, incorporate TI approaches into the curriculum to develop students into professionals who can most effectively aid clients by being TI knowledgeable from the start of their career.

A TI knowledge base within baccalaureate education is imperative due to the severity of client's experiences and the impact of routine responsibilities on social service professionals. The importance of such a need is magnified in states such as Florida where there is no state bachelor's-level social work licensure requirements or specific degree requirements for serving in social service positions with high rates of trauma exposure. TI curriculum requires transference by instructors who are TI specialists offering a thorough understanding of the five TI principles, values, and their application to generalist practice (Knight, 2018). Incorporation of blending both The Child Welfare Community National Child Traumatic Stress Networks trauma training toolkit (NCTSN, 2016) and The Council on Social Work Education's Specialized Practice Curricular Guide for Trauma-Informed Social Work Practice (CSWE, 2018) is recommended to highlight the importance of collaborative relationships with the survivor as the most important member of the team as well as resiliency skills for professionals to prevent against inevitable development of indirect trauma symptoms. Utilization of such an interdisciplinary curriculum would create a common language and foundation amongst trauma professionals serving in multidisciplinary collaborative teams.

### **Implications for Social Work Education**

This Banded Dissertation brings awareness to the need for interdisciplinary bachelor-level professionals to be trauma knowledgeable when entering multidisciplinary system-of-care

environments post-graduation. TI specialized social work educators are encouraged to take the lead in creation of such a course as PIE perspective and the strength's-based values embedded in TI perspective are theories from which generalist social work skills are built upon. The importance of such is magnified in Florida and other states in which there is no bachelor's-level social work licensure or degree requirement for positions held within trauma serving environments.

Interdisciplinary curriculum leading to bachelor's-level TI knowledge would enhance treatment interventions within multidisciplinary system-of-care environments. It would also benefit the overall well-being of bachelor's-level professionals to offer an understanding of a complex professional environment from a perspective embedded with differing disciplines viewpoints. A richer comprehension would incorporate collaborative discussions shining light on course subject matter from the diverse perspective of the differing disciplines working together in real life professional environments alongside social workers. Gaining the ability to apply skills such as interdisciplinary collaboration and communication would enhance not only the abilities of social work students, but those from multiple disciplines. Thus, a combined integration of multiple strengths would emerge.

A course curriculum incorporating a combination of The Child Welfare Community National Child Traumatic Stress Networks fourteen module trauma training toolkit (NCTSN, 2016) and the nine core competencies found in The Council on Social Work Education's Specialized Practice Curricular Guide for Trauma-Informed Social Work Practice (CSWE, 2018) would offer interdisciplinary students a strong TI foundation from which they can use when they enter into social service trauma exposed positions. This combination would offer students perspective on effective personal and professional stress management, establish positive

resiliency skills to protect against indirect trauma symptoms, and offer ethical evidence-based tools for TI practice from a social work perspective. Such a curriculum presented in a collaborative environment would reflect professional social service arenas where social workers hold team positions with others from multiple disciplines.

### **Implications for Future Research**

While this Banded Dissertation offers perspective into the need for incorporation of TI education within baccalaureate curriculum, additional research is warranted to fully understand the outcomes of successful course implementation. Creation and integration of a TI course would benefit from a follow-up longitudinal study identifying if TI understanding changed bachelor-level professional's collaborative interactions with both survivors and their extended team players as well as increased resilience against indirect trauma symptoms.

Secondly, extended research would benefit from investigation surrounding mandated versus voluntary treatment environments. Does the same TI curriculum benefit professionals serving in voluntary treatment environments who are not forced to be in a position of power, such as is the case in mandated treatment environments? Would higher educational environments better serve students by recognizing such differences within TI curriculum?

A third course of investigation for future focus should be given to investigation of training inclusive of an interdisciplinary focus when professionals serve trauma survivors versus trauma perpetrators. Research would benefit from investigation to see if the same TI curriculum perspective would benefit professionals who work with trauma perpetrators or would higher educational environments better serve students by offering different courses focused solely on engaging in TI services for those seeking careers with perpetrators? Many multidisciplinary

system-of-care environments serve both perpetrators and survivors simultaneously, yet the current research focused exclusively on work with survivors.

Lastly, consideration should be given to future research looking at how trauma-informed curriculum would impact bachelor's-level professionals who enter trauma work without having successfully recovered from their own traumatic experiences. Often social service professionals seek careers with a desire to help others having experiences that mirror their own. Research would benefit from investigation to identify if trauma-informed knowledge would deem beneficial to bachelor's-level professionals having experienced their own traumatic situations prior to entering work with other trauma survivors.

### **Conclusion**

This Banded Dissertation presents a jumping off point to begin explicit incorporation of trauma-informed knowledge within interdisciplinary baccalaureate curriculum from a social work perspective outlining the author's initial efforts to develop a beneficial TI knowledgebase for bachelor's-level professionals to employ. Such a curriculum would prove beneficial to be presented from a combined PIE and TI conceptual framework to aid bachelor's-level professionals entering high trauma exposed environments most sufficiently. PIE would be incorporated within the curriculum to emphasize recognition of the intertwined professional/client influences on each other within multidisciplinary system-of-care settings. Curriculum would also serve beneficial to be infused with the five TI principles: safety, trustworthiness, choice, collaboration, and empowerment. The safety principle would best be served to identify the need to ensure not only client safety, but physical and mental safety for professionals as well. The trustworthiness principle would offer tools to utilize when building trust and rapport not only with clients and immediate teammates, but with interdisciplinary



treatment team members of all levels. The choice principle would benefit from offering students tools to utilize with survivors that returns control to the survivor even when the professional is in a position of power such as in mandated treatment environments. The collaborative principle would best serve students to recognize the importance of collaboration within the extended treatment team with elaboration of the client as the key member of such a team. The empowerment principle would educate students that by believing that every survivor is resilient, contains inherent strengths and their experience unique, social service professionals can help clients develop self-advocacy skills, leading to self-empowerment. Students from interdisciplinary departments of study such as, but not limited to, social work, criminal justice, nursing, theology, psychology, women's studies, and helping professions, would benefit from skills taught within such an interdisciplinary course.

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## A Call for Trauma-Informed Interdisciplinary Educational Practice in Baccalaureate Curriculum

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### Abstract

In this conceptual article, a call for trauma-informed interdisciplinary educational practice in baccalaureate education is made to decrease indirect trauma symptoms in bachelor's-level trauma professionals. Social service professionals are routinely exposed to a range of physical, social, and mental traumatic client experiences. Repeat exposure can lead to both personal and professional indirect traumatic impairment. Two social work training tools will be examined for future consideration of use to build professional resilience practices within baccalaureate curriculum. Trauma-informed educational practice has been increasingly incorporated into graduate curriculum to progress student resilience yet has not been included in baccalaureate curriculum. Many social service professionals' highest level of education is a bachelor's degree. In this article, the author argues that inclusion of trauma-informed educational practice in interdisciplinary baccalaureate curriculum will assist bachelor's-level professionals seeking employment in social service positions by providing them with useful tools to alleviate indirect traumatic symptoms and increase retention rates.

*Keywords:* indirect trauma symptoms, bachelor's-level professionals, BSW education, trauma-informed education, interdisciplinary baccalaureate curriculum



## A Call for Trauma-Informed Interdisciplinary Educational Practice in Undergraduate Curriculum

Social service professionals are exposed to multiple traumatic events experienced by others as part of routine responsibilities. The clients served by these professionals have experienced physical and mental trauma, such as interpersonal violence, community violence, war-related experiences, posttraumatic stress disorder (PTSD), medical trauma, natural disasters, traumatic loss, and chronic social conditions, such as poverty, discrimination, and oppression (Crosby, 2015; Levenson, 2017; Strand et al., 2014; Wilson et al., 2013). Repeat exposure to client's traumatic interpretations has led to an increase in symptomatic responses from these professionals. Over the past 30 years, trauma-informed (TI) education has influenced the scope of graduate curriculum and agency care to progress resiliency in social service professionals. Despite the growth in understanding professional traumatization symptoms, the fact that many social workers fill generalist trauma-exposed positions, that social service professionals hold degrees from a wide range of disciplines, and that many social service workers highest level of education is a bachelor's degree, few attempts have been made to expand generalist baccalaureate social work curriculum to include an interdisciplinary TI focus (Carello & Butler, 2015; Crosby, 2015; Kenny et al., 2017; Marlowe & Adamson, 2011; Strand et al., 2014). The majority of studies conducted on TI practice have been focused on master's-level licensed professionals or graduate students as TI practice is seen as a specialization, yet more focus is needed at the generalist baccalaureate level. Results from previous studies have found that young age, lack of experience, and direct field of focus are significantly higher indicators of susceptibility to indirect trauma (Adams & Riggs, 2008; Knight, 2013; Michalopoulos & Aparicio, 2012; Salloum et al., 2015; Sprang et al., 2011). These results are transferable to bachelor's-level social service professionals as they meet the same significant factors; most are

new graduates in their early to mid-twenties, are inexperienced, and are drawn to immediate practice in fields with high trauma exposure (Salloum et al., 2015; Strand et al., 2014). Inclusion of TI education is important to novice social service professionals who spend the most amount of time with trauma survivors in settings such as child welfare, child protection, corrections, emergency medicine, domestic violence, and sexual assault (Knight, 2013; Salloum et al., 2015; Strand et al., 2014).

Researchers exploring the symptoms experienced from exposure to trauma that occurred to another by helping professionals have used three different, yet similar, identifying terms interchangeably: secondary traumatic stress (STS), vicarious trauma (VT), and compassion fatigue (CF) (Adams & Riggs, 2008; Ludick & Figley, 2017; Salloum et al., 2015). Carolyn Knight (2013) introduced the term “indirect trauma” as an umbrella definition of the above manifestations encompassing all symptoms experienced by trauma professionals in response to their interactions with survivors. “Indirect trauma” is the term used in this article to look at the symptoms experienced by helping professionals who work directly with trauma survivors.

This conceptual article aims to raise awareness of how TI educational practices in baccalaureate curriculum can help reduce the impact of indirect trauma on bachelor’s-level professionals from multiple disciplines who work in social service positions with trauma survivors. A combined trauma-informed curriculum using both the Child Welfare Trauma Training Toolkit and the Council on Social Work Education’s curriculum guide would offer students a strong social work TI foundation. Such curriculum would help students understand these relational impacts and would prepare them for the manifestations of indirect trauma. The scope of this article is not limited to one discipline as social service positions are held by professionals with a range of degrees, including social work, psychology, sociology,

rehabilitation counseling, theology, religion, criminal justice, law enforcement, nursing, and paramedicine, among others. Inclusion of TI curricula in multidisciplinary baccalaureate educational programs including bachelor of social work (BSW) generalist curricula will assist bachelor's-level professionals seeking employment in frontline social service positions by providing useful tools to alleviate indirect trauma symptoms and increase retention rates. Such knowledge would provide bachelor's-level social service professionals with a common language and shared foundational understanding with master's-level specialty-trained professionals to perform immediately upon entry into the field. This author specifically draws attention to incorporating TI knowledge into baccalaureate social work curriculum to ensure that social work students enter the profession with an increased understanding of work with trauma victims and the impact this can have on them as professionals.

### **Literature Review**

Social service professionals working in frontline positions are regularly exposed to a range of traumatic client experiences consisting of physical and mental interpersonal violence, community violence, war-related experiences, medical trauma, natural disasters, substance abuse, traumatic loss, PTSD, poverty, discrimination, and oppression (Crosby, 2015; Ko et al., 2008; Levenson, 2017; Strand et al., 2014). Social service professionals work to return normalcy to the lives of the trauma survivors they encounter (Salloum et al., 2015). Professional exposure to a traumatic event is part of the routine job description as professionals work to aid the survivors in finding safety, accessing resources, and seeking justice (Ellis & Knight, 2018). Over time, the social service professionals are repeatedly exposed to survivors' traumatic interpretations through listening to testimonies, reading documents, and viewing images of the incident (Michalopoulos & Aparicio, 2012; Rhineberger-Dunn et al., 2016). These professional

daily responsibilities create an increased risk of experiencing indirect trauma, which may affect relationships with clients, colleagues, employers, and friends and family. These could also contribute to job turnover, or even lead to more severe clinical diagnoses (Adams & Riggs, 2008; Rhineberger-Dunn et al., 2016; Salloum et al., 2015).

Bachelor's-level social service professionals are in a unique position as they are often the first contact a victim has following a traumatic experience. It is imperative that these professionals have the critical tools needed to be supportive in assisting survivors in regaining hope to cope with their crisis experiences effectively (Ko et al., 2008). To aid survivors most effectively, it is imperative that generalist social service professionals partner with an established multidisciplinary system of care, with professionals who have a strong TI knowledge base (Ellis & Knight, 2018; Kenny et al., 2017; Ko et al., 2008; Ludick & Figley, 2017; Marlowe & Adamson, 2011; Rhineberger-Dunn et al., 2016; Salloum et al., 2015; Sprang et al., 2011). Effectively trained TI teams offering in-depth understanding of the individualized interpretation of traumatic experiences prevent revictimization from occurring during the helping process. These TI team members also recognize the potential negative effects to themselves and to their peers through work with trauma survivors.

A multidisciplinary review of the literature demonstrates how TI knowledge can positively affect social service professionals serving in trauma-exposed positions by teaching resiliency. Although researchers identified positive impacts that TI has on specialized social service professionals, more research is needed to fill a gap among generalist social work baccalaureate curricula. TI curricula uses the core skills of social work practice gained during baccalaureate social work education to understand the need of treatment from an underlying past trauma perspective, not just on typical treatment focused on the present-day presenting problems

(Knight, 2018). When trauma survivors seek help, they often encounter professionals who intersect within a team of social service professionals, child protective investigators, child welfare workers, and domestic violence and sexual assault advocates, who work collaboratively with law enforcement officers, emergency personnel, emergency room nurses, mental health professionals, and criminal justice systems (Cocker & Joss, 2016; Ellis & Knight, 2018; Ko et al., 2008; Marlowe & Adamson, 2011; Rhineberger-Dunn et al., 2016). It is important for social service professionals from all levels and all disciplines to have an overarching TI understanding when working with trauma survivors.

### **Identification of Trauma**

Awareness of increased traumatic experiences and the impact on social service professionals has led to significant changes within fields such as social work, psychology, sociology, theology, religion, criminal justice, law enforcement, domestic violence, and sexual violence. The definition of trauma has changed over the past 30 years. Trauma is a physical or emotional incident that individuals interpret in such a way that it creates adverse effects in their mental, physical, or emotional functioning and well-being (Levenson, 2017; Substance Abuse and Mental Health Services Administration [SAMHSA], 2018; Wilson et al., 2013). Trauma incidents occur in many forms, typically resulting in an unexpected event outside the victim's control, such as criminal victimization, natural disaster, war, or exposure to community, social, or family violence, or is the result of chronic traumatic conditions such as poverty, discrimination, or oppression. Trauma exposure leading to negative interpretations is common among many individuals served by social service professionals (Levenson, 2017; SAMHSA, 2018; Wilson et al., 2013). Repeat exposure to trauma and traumatic interpretations are part of the routine job descriptions of those working in social service positions (Ellis & Knight, 2018).

Such recurrence has been found to lead to professionals' negative interpretations causing interference with both personal and professional relationships (Adams & Riggs, 2008; Rhineberger-Dunn et al., 2016; Salloum et al., 2015).

**Indirect Trauma.** "Indirect trauma" is a term originally developed by Knight (2013) to show the inevitable overall impact of traumatic symptoms experienced by social service professionals. Indirect trauma, a recognized occupational hazard, occurs due to repeat exposure to client's trauma interpretations causing both personal and professional impairment (Knight, 2013). Symptoms of indirect trauma are incumbent of the manifestations of secondary traumatic stress, vicarious trauma, and compassion fatigue and can include avoidance or overidentification with a client. "Indirect trauma" is the term used in this article as it encompasses all symptoms experienced by multidisciplinary social service professionals who work with trauma survivors.

**Secondary Traumatic Stress.** The first manifestation of indirect trauma is secondary traumatic stress (STS). Charles Figley originally developed STS to depict an understanding of trauma-accumulation symptoms in multidisciplinary social service professionals who provide service to trauma survivors in occupations such as healthcare, emergency, law, and community social service (Cocker & Joss, 2016; Ludick & Figley, 2017). STS is the stressful consequent of behaviors and symptoms that can lead to damaged perceptions of the self in reaction to understanding knowledge about a traumatic event experienced by another person (Ellis & Knight, 2018; Ludick & Figley, 2017; Salloum et al., 2015). Symptoms of STS vary greatly from person to person and are reflective of stress and anxiety. Symptoms include but are not inclusive of suspiciousness, anxiety, depression, sadness, intrusive thoughts and feelings, avoidance, nightmares, insomnia, emotional outbursts, and increased feelings of personal vulnerability (Adams & Riggs, 2008; Ellis & Knight, 2018; Figley, 1999). The *Diagnostic and Statistical*

*Manual of Mental Disorders*, fifth edition now recognizes STS as part of the broader posttraumatic stress disorder (PTSD) diagnostic category, and trauma and stressor-related and dissociative disorders (Friedman, n.d.).

**Vicarious Trauma.** The second manifestation of indirect trauma is vicarious trauma (VT). Laurie Pearlman and Karen Saakvitne created VT to identify ways in which social service professionals are impaired by their work with trauma survivors through changes in how they view their social world (Knight, 2013). Salloum et al. (2015) believe VT to be a theoretical orientation that represents the cognitive impact from repeat exposure to trauma survivors. The vicarious process occurs when boundaries between the self and other are crossed, causing professionals to adopt a worldview as unsafe and untrustworthy, and causing suspicion and pessimism (Ellis & Knight, 2018; Knight, 2013).

**Compassion Fatigue.** The third manifestation of indirect trauma is compassion fatigue (CF). Figley created CF to symbolize a gradual reduction in compassion over time for professionals who work directly with trauma survivors (Sprang et al., 2011). CF is identified by Figley (1999) as a natural and preventable unwanted consequence of loss of ability to empathize with people who are suffering. CF is a term used to recognize the consequences experienced by multidisciplinary professionals as well as by family members caring for trauma survivors.

**Trauma-Informed.** Harris and Fallot in 2001 created an approach to practice and care that has been adopted today as trauma-informed (TI), which contains five core principles for successful intervention with trauma victims: safety, trustworthiness, choice, collaboration, and empowerment. TI was adopted by SAMHSA in 2005 to encompass evidenced-based practices for social, behavioral, and mental health services with trauma survivors (Knight, 2018). TI differs from trauma-informed practice (TIP): where TI refers to the universal application of

strategies that are provided to clients who have experienced some past trauma, TIP refers to specialized services provided by clinical practitioners (Crosby, 2015; Knight, 2018). TI recognizes the prevalence of common traumatic experiences and identifies an understanding of the survivor's perception of psychosocial functioning across their life span (Wilson et al., 2013). TI does not address the traumatic event itself but instead offers lifelong coping strategies, for both survivors and professionals, and is designed to facilitate resilience and recovery (Carello & Butler, 2015; Levenson, 2017; Wilson et al., 2013). TI further recognizes that an individual's problems in the present are affected by their past experiences in combination with current experiences and their perceived interpretation of the two (Marlowe & Adamson, 2011). Social service professionals who are educated in TI are taught to respond to clients in ways that are respectful and compassionate and recognize inherent strengths to rebuild healthy interpersonal skills and coping strategies that empower the survivor (Levenson, 2017). TI knowledge assists all social service professionals in knowing how to respond in a nontraumatizing way when encountering a client with a history of trauma (Knight, 2018). All levels of social service professionals would benefit from an understanding of how past historical interpretations are affecting current problems for which survivors are receiving care. Each of the five TI perspectives is introduced singularly in generalist undergraduate social work studies. A baccalaureate-level TI course would assist students in recognizing how generalist learned skills can be transformed to be TI, yet not TIP.

### **Trauma-Informed and Indirect Trauma Symptoms Findings**

Professionals who have higher rates of direct contact with trauma victims are at greater risk of experiencing physical and mental hazards to their well-being. Indirect trauma prevention methods are necessary as workers developing traumatic symptoms are often in need of increased



intervention to assist with their recovery efforts (Cocker & Joss, 2016; Salloum et al., 2015).

Trauma-exposed professionals report inadequate job training as a factor for increased levels of indirect trauma symptoms (Rhineberger-Dunn et al., 2016). Educational practices that teach at-risk workers effective coping strategies in response to their adverse job exposures create resiliency, allowing return to normal physical and mental functioning both at work and outside the work environment after exposure to the traumatic experience of a client (Cocker & Joss, 2016; Ellis & Knight, 2018; Ludick & Figley, 2017).

There is a lack of information in the review of the literature regarding baccalaureate-level TI training and the impact of working in social service teams. Over the past 30 years, graduate curricula in social work, medical, and mental health disciplines have been revamped to include TI knowledge and educational techniques that bring awareness, prevention, and reduction of trauma symptoms in helping professionals. Although specialized graduate-level curricula include content on trauma-informed practices in social work, this type of content is equally needed in baccalaureate generalist education.

Research studies conducted on TI perspective have predominantly focused on graduate-level professionals and students in a specific field, such as social work, or on trauma practitioners together as a collective unit. Community social service professionals who regularly encounter trauma survivors through routine assignments hold varied degree levels, have diverse educational training, and perform substantially different job duties, yet closely collaborate as part of an overarching helping team (Cocker & Joss, 2016; Ellis & Knight, 2018; Ko et al., 2008; Ludick & Figley, 2017; Morran, 2008; Rhineberger-Dunn et al., 2016; Salloum et al., 2015). It is important to recognize the need for an overarching interdisciplinary baccalaureate curriculum

that provides bachelor's-level professionals an understanding of TI that mirrors collaborative efforts of professional teamwork application (Morran, 2008; Rhineberger-Dunn et al., 2016).

Incorporation of TI within interdisciplinary baccalaureate curriculum would create resilience and decrease indirect trauma symptoms in bachelor's-level social service professionals entering work environments with trauma survivors. Each social service discipline approaches trauma differently. Curricula emphasizing interdisciplinary collaboration would not only improve collaborative relationships between professionals, but also improve service provision for traumatized individuals, offer an understanding of complex social worlds, and raise the professional standard of care nationwide (Ko et al., 2008; McKenzie-Mohr, 2004). Resiliency knowledge is equally necessary in all social service disciplines and at all educational levels.

### **Trauma-Informed Curriculum with a Social Work Foundation**

TI curriculum offers social service professionals skills in understanding and recognizing the lived experiences and individual interpretations trauma exposure has on individuals and their families. It also provides consideration of the broader social environment in which trauma occurs, as well as knowledge in effective professional response, self-care, and coping strategies to prevent risk of indirect trauma (Cocker & Joss, 2016; McKenzie-Mohr, 2004; Salloum et al., 2015; Strand et al., 2014). TI curriculum incorporates understanding the concepts of helpfulness, well-being, and social justice. TI practice is consistent with the goals, values, and mission established by the National Association of Social Workers (NASW) to promote social justice for oppressed and vulnerable populations. Therefore, a curriculum constructed from a social work TI knowledge base offers a holistic, strengths-based, person-centered, and solution-focused perspective, which can be applicable to any community social service practice field (Carello & Butler, 2015; Levenson, 2017; Marlowe & Adamson, 2011). TI curriculum specific to social

work integrated into interdisciplinary learning helps to strengthen professional alliance and facilitate posttraumatic growth (Levenson, 2017).

Many social service agencies have incorporated TI training into their interagency trainings. However, a single agency TI training does not allow enough time focus to accommodate the complex understanding incumbent of TI practice (Kenny et al., 2017). Incorporating TI into interdisciplinary baccalaureate curriculum is important to offer students an in-depth understanding of the material without the time constraints and added work responsibility pressures consistent with agency supported training. Two social work training tools will be examined for future consideration of use to build professional resilience practices within baccalaureate curriculum.

**Trauma Training Toolkit.** The National Child Traumatic Stress Network (NCTSN, 2016) trauma training toolkit offers essential tools for working within a TI framework. NCTSN uses 14 modules outlined in a detailed, comprehensive guide combined with an experiential learning model using case scenarios, multimedia resources, and interactive peer collaboration to reflect on trauma concepts. This toolkit can be used as a guide for managing personal and professional stress, planning positive coping strategies to prevent indirect trauma risks, and understanding evidence-based practices for trauma (NCTSN, 2016; Salloum et al., 2015). Module 1 introduces TI and demonstrates how to reframe and redirect learned generalist skills for implication from a TI perspective. Module 2 defines differing levels of trauma, including historical trauma, and the prevalence of trauma among clients. Module 3 provides foundational information regarding the long-term effects of trauma, PTSD, and how to weaken traumatic symptoms. Module 4 provides an overview of how the brain is affected by trauma during different stages of development. Module 5 focuses on the influences trauma has on children and

early attachment relationships. Module 6 highlights cultural influences on trauma and survivors' interpretations of such events, specifically looking at impacts of racial disparities and historical trauma. Module 7 defines psychological as well as physical safety and strategies to help with the safety perspective. Module 8 offers instruction on trauma screening and assessment identifying resources to use when assessing clients for referral needs based on their unique trauma history and symptom profile. Modules 9 through 11 provide strategies to enhance well-being and resilience of trauma survivors as well as in professionals through identification of sources and signs of indirect trauma and methods of building resilience to such symptoms. Modules 12 through 14 identify the importance of collaborative relationships with clients and their families as well as multidisciplinary collaboration and strategies for working within agency systems (NCTSN, 2016). This curriculum is intended for all child welfare professionals at all educational levels and would therefore offer a foundation appropriate for interdisciplinary study at the baccalaureate level.

**Trauma-Informed Curricular Guide.** The Council on Social Work Education (CSWE) published a specialized practice curriculum guide for TIP, as part of the CSWE 2015 Educational Policy and Accreditation Standards (EPAS) Curricular Guide Resource Series (2018). This curriculum guide conceptualizes TI education components that teach critical thinking, affective reactions, and knowledgeable judgment in work with trauma survivors. Recognition of the professional social worker's ethical obligation to serve trauma survivors, combined with the impacts of indirect trauma on professional growth, inspired creation of this curriculum guide (CSWE, 2018). The guide uses a TI perspective, integrated to conform to the nine social work competencies that are recognized by all levels of social work professionals. This curricular guide is geared toward master's-level specialized practices; however, incorporation into baccalaureate

curriculum aligns with both reasons for guide creation. Bachelor's-level social workers must abide by the ethical obligation to serve trauma survivors and have also been affected by indirect trauma on professional growth. Using portions of this guide at the baccalaureate level would assist in creating a common language and common foundation for graduate and bachelor's-level professionals in trauma-focused social service fields. Experiential curricular resources associated with each of the nine competencies include suggested readings, in-class exercises, media resources, and case scenarios. Due to the differentiation between TI education at all levels of practice and TIP for specialized practice, use of this curriculum guide should be combined with the trauma training toolkit to become generalist level. Most of the case scenarios from this curricular guide are aligned toward TIP rather than TI; therefore, the case scenarios from the trauma training toolkit should be used in baccalaureate curriculum.

A course curriculum that incorporates a combination of the curriculum guide's nine core competencies and the 14 modules from the trauma toolkit to an interdisciplinary baccalaureate audience would offer students perspective on effective personal and professional stress management, establishing positive coping strategies to prevent indirect trauma symptoms, and offer ethical evidence-based social work tools for TI practices. Such a curriculum would best be presented in a collaborative environmental endeavor reflective of safety, trust, empowerment, choice, and collaboration, by role-modeling reactions to and interactions with clients and demonstrating identification of professional boundary setting (Knight, 2018). Interdisciplinary TI education would further enhance this understanding by providing a classroom environment that mimics the professional social service trauma services arena where social workers hold positions in teams with others from multiple disciplines. To increase success rates, it is imperative that bachelor's-level professionals are taught resiliency through identifying how to minimize the

impact that indirect trauma has on them personally and professionally. By adopting self-care strategies that focus on nurturing oneself, establishing fulfilling relationships, and being proactive in managing stress, bachelor's-level professionals can be vigilant in assessing the impact their work with survivors has on them (Knight, 2015). There are not any published studies that outline the outcomes of such a combined curriculum.

### **A Call for Interdisciplinary Trauma-Informed Baccalaureate Curriculum**

Bachelor's-level professionals in social service settings serve as one part of a multidisciplinary collaborative team aiding those who have been exposed to trauma. Many bachelor's-level recent graduates seek employment in social service settings with high trauma exposure rates such as child welfare, protective investigations, corrections, emergency medicine, mental health, domestic violence, and sexual assault. Research has proven that TI knowledge provides helping professionals with tools to assist in returning normalcy to the lives of those who have been exposed to trauma (Levenson, 2017; Salloum et al., 2015; Wilson et al., 2013). TI knowledge also proves useful in providing the professional with tools for recognizing and preventing indirect trauma symptoms, leading to increased physical and mental well-being (Carello & Butler, 2015; Levenson, 2017; Wilson et al., 2013). Social service daily job requirements subject professionals to repeat exposure of traumatic experiences as they work to aid those coping with their experiences. Graduate-level professionals serving as part of the multidisciplinary team have received specialized TIP knowledge as part of their graduate-level curriculum and enter the partnership equipped with TI tools. Agencies practicing TI offer professionals from all educational levels TI education as part of on-the-job training. However, agency-based trainings are not detailed enough, do not offer multidisciplinary perspective, and are usually compounded by job duty stressors. Providing social service professionals an

interdisciplinary TI perspective of understanding during baccalaureate education would offer useful tools to alleviate indirect trauma and increase retention rates immediately on field entry. A strong multidisciplinary team equipped with professionals of differing educational backgrounds and yet entering the field setting TI trained would offer trauma victims the strongest aid in their recovery efforts and would assist in preventing revictimization.

**Implications for Educational Practices.** The key task of higher education is to search out knowledge sources that offer an accurate account of our social world and provide tools necessary for success within the new complex worlds of which students will become a part on graduation. An interdisciplinary course focus would offer students an account of our complex social world from the perspective of differing disciplines. Students would receive a richer comprehension if taught from a learning style that allowed interdisciplinary students to collaborate to discuss their different perceptions of understanding from their discipline's viewpoint. As professionals are repeatedly exposed to trauma stories, TI curriculum can provide the tools needed for symptom recognition through self-interpretation to relieve damaged perceptions of the self from occurring. Interdisciplinary collaboration where helping disciplines come together in higher education environments to identify the significance of working together in high trauma-exposed environments would assist in raising the professional standard of care nationwide. Instead of one profession against another, a combined strengths perspective of multiple talents working together for the benefit of the broader social environment of both clients and professionals alike would emerge.

**Implications for Social Work Education.** The social work profession has played a significant role in understanding TI perspectives on individual healing and recovery (Carello & Butler, 2015; Levenson, 2017; Marlowe & Adamson, 2011). As bachelor's-level social workers

are trained to offer assistance in a generalized helping capacity, the value of an embedded social work foundation could be beneficial for students from multiple disciplines and is argued for use as the supporting foundation for such a course. Social work educators should become proactive in accepting responsibility to create such a course that would provide tools for BSW student success immediately upon entry into the field. A combination of the NCTSN trauma training toolkit and the CSWE TI curricular guide into interdisciplinary baccalaureate-level curriculum offers an experiential TI framework from a social work perspective. The 14 modules from the trauma toolkit in combination with the nine social work competencies would provide students a comprehensive, holistic understanding of helpfulness, personal and professional well-being, and social justice. Incorporation of an interactive experiential scenario-based curriculum with an interdisciplinary student group allows for collaborative educational experiences in which students learn how to work together as a unified TI team.

**Implications for Practice.** The social service professions best practice methods use multidisciplinary teams of professionals who collaborate to work toward the best interest of the client. Higher education environments provide a platform where interdisciplinary collaboration can originate, and more is needed to role-model best practice within this area. This can be done by offering an interdisciplinary-focused TI course where baccalaureate students from any discipline interested in pursuit of trauma-exposed social service work can participate (Morran, 2008; Rhineberger-Dunn et al., 2016). The interdisciplinary course would allow students to identify multidisciplinary relationships and understanding within the educational setting, thus activating a long-term collaborative thoughtfulness. Instead of an us-versus-them dynamic, a united strengths-based perspective of combined professional talents exposes students to the complex social worlds into which they will soon enter.



**Future Considerations.** Future consideration should be given to TI knowledge inclusion in interdisciplinary educational practices when collaborative team players assist trauma survivors versus trauma perpetrators. Future research could investigate the differentiation between TI focus needed for effective TI knowledge and whether the two overarching professions could benefit from the same TI training curriculum.

**Conclusion.** As social service professionals continue to fight for social justice of those having been exposed to trauma, it is imperative that interdisciplinary departments assist in establishing a safe mental well-being for all social service helping professionals. Social work educators teaching BSW courses can assist students by developing a unified interdisciplinary baccalaureate TI curriculum using a social work foundation that would supply tools for student success in trauma work in preparation for what is waiting for them in the professional world. It is the responsibility of BSW educators to assist in creating well-educated TI professionals who can most effectively aid their team and clients by being TI knowledgeable from the start of their career, not as an added afterthought. This can most effectively be done through offering a TI knowledge base during baccalaureate educational training.

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Florida Bachelor's-Level Social Service Professionals' Representation of Trauma-Informed

Foundational Needs

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### Abstract

Person-in-environment and trauma-informed perspectives are the two theories utilized as a combined organizing framework to guide this exploratory study. Semi-structured interviews that sampled across the population utilizing frequently trauma-exposed bachelor's-level professionals serving in multidisciplinary system-of-care environments in the state of Florida were conducted. These interviews were analyzed with the goal of understanding: How do bachelor's-level social service professionals working in multidisciplinary teams in high trauma positions in the state of Florida represent their needs for interdisciplinary trauma-informed knowledge? The themes and sub-themes that emerged during coding were: (a) Professional roles and responsibilities, (i) Initiating services, (ii) Multidisciplinary collaboration; (b) Risks to professionals, (i) Relationships, (ii) Feelings of safety; and (c) Trauma-informed knowledge, (i) Indirect trauma symptom experiences, (ii) Baccalaureate trauma-informed education. Results demonstrate that bachelor's-level participants lack a basic trauma-informed (TI) knowledge base, leaving them vulnerable to indirect trauma symptoms. The argument is made that system-of-care environments would benefit from bachelor's-level social service professionals to be sufficiently TI knowledgeable, not TI specialists, to aid survivors most efficiently within the parameters of their multidisciplinary team positional duties.

*Keywords:* indirect trauma symptoms, multidisciplinary system-of-care, bachelor's-level trauma professionals, interdisciplinary baccalaureate curriculum, trauma-informed

## Florida Bachelor's-Level Social Service Professionals' Representation of Trauma-Informed Foundational Needs

Individuals who have survived traumatic experiences depend on social service professionals to help them recover from a range of mental, physical, and emotional interpretations of their experiences. Multidisciplinary system-of-care environments have been established to offer collaborative social service team assistance to trauma survivors in child welfare, child protection, corrections, emergency response, healthcare, mental health, education, and domestic and sexual assault (Adams & Riggs, 2008; Crocker & Joss, 2016; Kenny, Vasquez, Long, & Thompson, 2017; Ko et al., 2008). In the state of Florida, social service professionals in these roles have varied levels of degrees from multiple disciplines such as social work, psychology, sociology, theology/religion, criminal justice/criminology, law enforcement, or nursing, among others and often require only a bachelor's degree or no secondary degree at all for such entry-level positions (Michalopoulos & Aparicio, 2012; Rome, 1997).

Over the past two decades, research has established that professionals serving clients with high rates of trauma exposure often experience recurring negative occupational and personal consequences as part of their routine responsibilities (Adams & Riggs, 2008; Cocker & Joss, 2016; Knight, 2010; Rhineberger-Dunn, Mack, & Baker, 2016). Researchers however have interchangeably used three differing terms, secondary-traumatic stress, vicarious trauma, and compassion fatigue, to define symptoms occurring to professionals who repeatedly hear, see and witness distress having occurred to another (Adams & Riggs, 2008; Ludick & Figley, 2017; Salloum et al., 2015). Indirect trauma is an inclusive umbrella term, established within the past decade, by Carolyn Knight to define traumatic symptoms experienced by social service professionals in response to interpretations from their interactions with survivors such as:



anxiety, depression, intrusive thoughts and feelings, insomnia, increased feelings of personal vulnerability, avoidance of or over-identification with clients, impaired views of the social world, gradual reduction in compassion with clients, among others (Adams & Riggs, 2008; Ellis & Knight, 2018; Knight, 2010). “Indirect trauma” is the term utilized in this research as symptoms are incumbent of the manifestations of secondary traumatic stress, vicarious trauma, and compassion fatigue and is expanded to include avoidance or over-identification with a client (Knight, 2013). Indirect trauma can affect professionals, regardless of whether they are in generalist or specialist positions.

This study aims to bring awareness to the current professional application of the five TI valuables in isolation, to identify how collaboration between multidisciplinary professionals and survivors is presently viewed and to recognize resources implemented to ameliorate indirect trauma symptoms. Over the past thirty years, trauma-informed (TI) education has greatly impacted the social service profession and specialized graduate-level curriculum yet higher education has played a minor role in disseminating information regarding this topic to bachelor’s-level alumni who will likely fill such roles immediately following graduation (Carello & Butler, 2015; Ko et al., 2008; Marlowe & Adamson, 2011; Strand, Abramovitz, Layne, Robinson, & Way, 2014). Rebuttals articulate that TI education is a specialization for master’s-level practitioners, yet literature supports the need for all levels of professionals serving in positions with high trauma exposure to not be TI specialists, but to be sufficiently trauma-informed to assist survivors within the parameters of their multidisciplinary team position duties (Kenny et al., 2017; Knight, 2018; Ko et al., 2008; Marlowe & Adamson, 2011). Special attention will be drawn to identification that TI knowledge would equip bachelor’s-level

professionals with tools to utilize in assisting those who have been exposed to trauma and to assist themselves with resiliency techniques to utilize when indirect trauma symptoms present.

A qualitative research study consisting of fifteen face to face interviews of highly trauma-exposed professionals, holding positions as law enforcement officers, emergency medical professionals, child welfare case managers, child protective investigators and domestic or sexual assault advocates in the state of Florida who hold a bachelor's degree from any discipline as their highest level of education is presented. These professionals were selected as they are the most recognized collaborative players in social service system-of-care environments in the state of Florida. This study utilized purposive and snowball sampling with semi-structured interviews and qualitative thematic analysis of the data across questions to answer the research question: How do bachelor's-level social service professionals working in multidisciplinary teams in high trauma positions in the state of Florida represent their needs for interdisciplinary trauma-informed knowledge?

### **Conceptual Framework**

Person-in-environment (PIE) and trauma-informed (TI) perspectives are the two combined theories utilized as a conceptual framework to guide this research. The two theories combined emphasize the connected treatment environment and not just the survivor in isolation. The PIE component serves to highlight that interactions between the trauma survivor, social service professional, and extended multidisciplinary team are all intertwined within the treatment environment. The TI component serves to guide participants knowledge and application within their current positions regarding the five TI values: safety, trust, choice, collaboration, and empowerment.

#### **Person-in-Environment Perspective**

The PIE perspective is a theory which focuses on the whole person and how the larger social environments in which individuals interact influence their behavior. People bring their own biological factors to social interactions which combine with their internalized interpretations of the influences of others, cultural norms and expectations and the ecosystems in which they are surrounded by within the differing spaces that they maintain (Crosby, 2015; Gitterman, Germain, & Knight, 2018). Carol Germain connected the PIE perspective to the social work environment identifying that treatment cannot focus on just the person alone but must consider all environmental factors (Rotabi, 2007). PIE perspective was utilized in this research to highlight the collaborative value in the TI perspective by bringing awareness to the interconnected relationships within the system-of-care treatment environment.

### **Trauma-Informed Perspective**

The TI perspective is an approach to practice and care that considers the adverse impact trauma has on individuals throughout their lifetime and their interpretation of such exposure. To support clients in their recovery process as they effectively organize their feelings, behaviors, and relationships in a constructive manner, it became apparent to theorists that successful client interventions must originate from a shared understanding of the individual impact trauma has on survivors (Harris & Fallot, 2001; Ko et al., 2008; Levenson, 2017). Harris and Fallot (2001) created an approach to practice and care that has been adopted today as TI perspective, which contains five core principles for successful intervention with trauma victims: safety, trustworthiness, choice, collaboration, and empowerment. Trauma-informed perspective creates a collaborative partnership between the social service professionals and clients where safety and trust are established and control is returned through individual choices thus empowering the

survivor. TI perspective was utilized in this research to identify participants application and understanding of the five core principles.

### **Literature Review**

Individuals who survived a traumatic experience often receive help with finding safety, accessing resources, and seeking justice from social service professionals. These individuals often experienced a range of traumatic events such as: sexual assault; domestic, social, or community victimization; natural disaster; or traumatic life conditions such as chronic hardship, prejudice, or discrimination (Ellis & Knight, 2018; Strand et al., 2014). An individual's negative interpretation of an event that creates adverse effects in their mental, physical or emotional functioning and well-being is what deems such an incident as traumatic (Levenson, 2017; Wilson, Pence, & Conradi, 2013). Social service providers can better serve their clients when they are knowledgeable about how traumatic interpretations and their own response to such interpretations can alter the professional/client relationship.

### **Multidisciplinary Systems-of-Care**

In the state of Florida, multidisciplinary systems-of-care have been created to provide support, resources and treatment to individuals by a wide range of professionals within a collaborative team environment. System-of-care environments house multidisciplinary professionals together in one setting, working with the same individuals, yet offer substantially different services to clients from a wide array of training backgrounds (Rhineberger-Dunn et al., 2016). Established systems-of-care offer services such as mental and physical health, forensics, law enforcement, legal services, child protection, child welfare, addictions, homeless services, domestic violence, and sexual assault (Adams & Riggs, 2008; Cocker & Joss, 2016; Ellis & Knight, 2018; Knight, 2018; Ko et al., 2008). Many of these positions require, at minimum, a

bachelor's degree from any of a multitude of disciplines or no post-secondary degree at all. Consequently, many team members are often lacking formal training in addressing the specific needs of individuals who have been traumatized (Kenny et al., 2017; Rome, 1997). Lack of accurate TI training can leave professionals serving in such capacities vulnerable to indirect traumatic symptoms, thus increasing the survivor's susceptibility to retraumatization.

### **Professional Risk to Trauma Exposure**

Social service professionals often serve in highly demanding and challenging roles where they are repeatedly exposed to severe and complex trauma stories. Research has established that high exposure to traumatic incidents experienced by clients is a routine job requirement for many social service professionals (Carello & Butler, 2015; Knight, 2010; Rhineberger-Dunn et al., 2016). Repeat exposure to survivors' story interpretations can negatively impact social service professionals' mental and physical health, personal and professional relationships, and overall well-being (Cocker & Joss, 2016; Ellis & Knight, 2018; Michalopoulos & Aparicio, 2012; Rhineberger-Dunn et al., 2016). Awareness of such exposure makes it imperative that all professionals serving in system-of-care environments be sufficiently trained to understand the impact that such work can have on them.

### **Indirect Trauma Symptoms**

Historically, several overlapping terms have been utilized interchangeably to refer to symptoms experienced by professionals serving in social service positions with high rates of exposure to traumatic experiences having occurred to another. "Indirect trauma" is the term utilized in this study to recognize the overall potential occupational impact from repeat exposure to hearing, reading and interpreting clients' traumatic stories, and witnessing their distress directly (Knight, 2013). Indirect trauma includes the manifestations of secondary traumatic

stress, vicarious trauma, and compassion fatigue incorporating symptoms such as: increased heart-rate and respiration, persistent or intrusive thoughts and images, recurring vivid dreams of the client's experience, hyperarousal, change in world view with increased distrust and cynicism, and/or inability to empathize with clients -- symptoms similar in nature to post traumatic stress disorder (PTSD) (Adams & Riggs, 2008; Knight, 2018; Michalopoulos & Aparicio, 2012; Rhineberger-Dunn et al., 2016). Recognition of the severity of indirect symptoms exposes a critical need for higher education environments to take the lead in effectively training social service professionals to build indirect trauma resilience skills.

### **Trauma-Informed Undergraduate Curriculum Benefits**

For both undergraduate and graduate students there is a high attraction to serving in professions with high rates of trauma exposure immediately following graduation. The goal of higher education programs should ideally include attention to creating healthy professionals who are able to function within realistic professional environments by teaching students the art of resiliency and skills for returning quickly to high functioning following traumatic exposure (Adams & Riggs, 2008; Cocker & Joss, 2016, Knight, 2010). TI curriculum would be well served through imitating professional system-of-care environments to train individuals from interdisciplinary areas of study together (Ko et al., 2008; Marlowe & Adamson, 2011). Such baccalaureate curriculum could include an understanding of the intensity of work within system-of-care environments, psychological impact on both professionals and clients, recognition of indirect symptoms, identification of ways to manage and cope with negative feelings as they present, and instruction on confidence and competence in assessing trauma-exposed clients (Adams & Riggs, 2008; Knight, 2010; Knight, 2018; Marlowe & Adamson, 2011; Strand et al., 2014). The object of focused TI incorporation should not be to eliminate indirect trauma

symptoms from occurring, but to teach professionals skills to manage the feelings associated with work within system-of-care environments (Knight, 2013). Explicit TI curriculum would provide students with tools to prepare them for what is waiting in the professional world.

### **Trauma-Informed Knowledge versus Trauma-Informed Practice**

Arguments abound that TI is a specialist skill for graduate-level clinical professionals, yet literature supports the need for all levels of professionals serving in positions with high trauma exposure to not be TI specialists, but to be sufficiently TI knowledgeable to aid survivors within the parameters of their multidisciplinary team position duties (Ko et al., 2008; Marlowe & Adamson, 2011). TI practice is the term that correlates with clinical specialization: TI care is affiliated with agency services provided: and TI knowledgeable most accurately describes understanding the generalized foundations associated with routine interactions with trauma survivors, which can be further built upon (Knight, 2018). Bachelor's-level social service professionals utilize generalist skills to conduct initial intakes, normalize and validate clients' feelings without providing therapeutic interventions, and provide referrals to appropriate TI specialist services (Knight, 2018). For TI intervention to be most effective, such a knowledgebase would benefit professionals of all levels serving in any social service capacity within system-of-care environments.

### **Method**

This study utilized semi-structured face-to-face qualitative interviews to gain an understanding of the individual perceptions of bachelor's-level social service professionals who hold a position within a multidisciplinary system-of-care environment with high trauma exposure rates. Equal numbers of participants holding positions as law enforcement officers, emergency

medical professionals, child welfare case managers, child protective investigators, and domestic or sexual assault advocates shared their unique perspective based on their lived experiences.

### **Sample**

This study employed a qualitative methodology consisting of face-to-face interviews sampling highly trauma-exposed professionals across eleven different multidisciplinary system-of-care environments located throughout five neighboring counties in a specific geographical region in the state of Florida. Equal numbers of professionals ( $n = 3$ ) holding positions as law enforcement officers, emergency medical professionals, child welfare case managers, child protective investigators and domestic violence or sexual assault advocates were interviewed, for a total of fifteen ( $N = 15$ ) participants. The two qualifiers for participation were: (1) to hold a bachelor's degree from any discipline as their highest level of education, and (2) currently hold one of the above positions within a multidisciplinary system-of-care environment in the state of Florida. Participation was not restricted to one specific degree, as professionals serving in these roles in the state of Florida hold a variety of differing degrees with no state licensure requirements for bachelor's-level social workers. Bachelor's-level professionals from each of the five areas were sought out as these are the positions most consistently found within multidisciplinary child welfare system-of-care environments in the state of Florida.

This study used purposeful and snowball sampling methods to identify potential participants as qualifying participants were hard to find. Semi-structured interviews lasting between twenty and forty-five minutes were administered in various locations selected for convenience by the participant. Initial efforts to seek participants consisted of purposely sending email messages explaining the details of the study to directors of social service settings and social service professional groups within a centralized western region of Florida. Secondly,



snowball methods were utilized as participants shared study details with other potential candidates. Participants contacted the researcher directly upon interest and selected the interview meeting location. This was done to reduce any potential coercion. The professionals were interviewed between February and June 2019 and received a \$10 gift card to Panera as a thank you for their participation.

### **Protection of Human Participants**

An internal review board (IRB) application was approved by a private university prior to study initiation. Participants verbally consented to participation when scheduling the meeting location. They signed a consent form prior to start of interview once meeting face to face. No identifying information that could link participants to the study were utilized beyond their signature on a separate consent form. Beginning at initial contact, participants were assigned an anonymous designation, consisting of the date and time the interview was conducted. Data transcriptions were stored in password-protected databases accessible only by this researcher and the second coder.

### **Data Collection**

Nineteen interview questions were created utilizing the combined PIE/TI conceptual framework and based on information discovered when reviewing the existing literature. These questions relied exclusively on participant representation of interactions among professionals and survivors, recognition of individualized impact through job performance duties, and identification of TI knowledge foundation. Interview questions related broadly to the underlying research question seeking to recognize how professionals serving in these positions represent their needs for interdisciplinary trauma-informed knowledge.

Questions were broken down into four sections. The first section asked participants to describe collaboration with trauma victims and trauma teams. More specifically to identify the multidisciplinary players within their teams, their individualized roles within the team, types of traumas clients have experienced, and interpretation of feelings associated with their professional duties. The second section asked participants to describe how they directly apply three of the five trauma-informed core principles: safety, trust, and choice (which led many participants to another value, empowerment). The third section focused on trauma-informed educational experiences utilizing the more recognizable term secondary traumatic stress. The concluding section of questions surrounded professional and personal trauma symptom experiences, knowledge of tools for rebounding following exposure, and currently implemented resiliency techniques.

### **Data Analysis**

Interviews were recorded and transcribed verbatim employing Rev Voice application to ensure trustworthiness and validity. Qualitative thematic analysis of data was employed utilizing participant quotes to interpret patterns of meaning found within the data. To eliminate biases, resulting themes identified were analyzed in relation to the values found in the conceptual framework as a point of comparison. Next, interviews were inductively analyzed for manifestations of indirect trauma symptoms. For the first level of analysis, a color-coded organizational method identifying initial themes was conducted by hand. The second level of analysis consisted of organization and refinement of themes within the NVivo electronic data system. Inter-rater reliability was used for the third level of analysis. Here, categorial results were compared with findings from a second peer consultant for coding discussion and refinement feedback.

## Results

### Sample Demographics

The majority of the participants were single ( $n = 8$ ), white ( $n = 11$ ), and female ( $n = 9$ ) offering a diverse range of ages and years of experience as demonstrated in Table 1.

Professionals serving in these positions in the state of Florida are not required to hold a specific bachelorette degree, if any post-secondary degree is even required. Participants earned degrees included, philosophy of social work ( $n = 4$ ), criminal justice/criminology ( $n = 3$ ), psychology and women's studies ( $n = 3$ ), nursing ( $n = 2$ ), religion/theology ( $n = 2$ ), healthcare administration ( $n = 1$ ), and business administration ( $n = 1$ ). It is important to note that one participant held two separate bachelor's-level degrees, nursing and health care administration and another held a dual psychology and women's studies degree.

Table 1.  
*Demographic Data of Participants*

Characteristics	N	%
Gender		
Male	6	40.0
Female	9	60.0
Race/Ethnicity		
White	11	73.3
Black/African American	3	20.0
Hispanic	1	6.6
Marital Status		
Single	8	53.3
Married	6	40.0
Divorced	1	6.6
Age Range		
22-26	5	33.3
31-34	2	13.3
41-49	6	40.0
60-64	2	13.3
Degree Held		
Philosophy of Religion/Theology	2	13.3
Social Work	4	26.6
Criminal Justice/Criminology	3	20.0

Nursing/Healthcare Administration	2	13.3
Business Administration	1	6.6
Psychology and Women's Studies	3	20.0
Years of Experience		
<1 year	3	20.0
1 year	2	13.3
2 years	4	26.6
3 years	1	6.6
10 years	1	6.6
11 years	1	6.6
15 years	1	6.6
18 years	1	6.6
36 years	1	6.6

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### Examination of Data

Three themes and six sub-themes appeared with equal representation from all five professional groups within each. The themes and sub-themes that emerged from the coding and content analysis were: (a) Professional roles and responsibilities, (i) Initiating services, (ii) Multidisciplinary collaboration: (b) Risks to social service professionals, (i) Relationships, (ii) Feelings of safety: (c) Indirect trauma, (i) Indirect trauma symptoms experiences, (ii) Baccalaureate trauma education.

### Professional Roles and Responsibilities

**Initiating Services.** Participants identified that trauma survivors sometimes initiate services from social service providers on their own accord, others are mandated to participate in treatment, and yet others encounter professionals due to the traumatic experience itself without engagement beyond the initial contact. One participant described an example of this, “We do have some victims that don’t want any services. They didn’t report, they didn’t get an exam, they just need community referrals and someone to talk to.” Another recognized, “They may not be ready to talk about it. We got to kind of pry it out of them, and that’s the hardest part.”

Participants identified that persons that they encounter through routine job performance who have been exposed to traumatic incidents are often vulnerable and guarded during treatment services. One emergency medical professional explained, “We totally disrobe a trauma patient, not just clothing-wise, but everything - spill your guts, tell me everything about you - and they’re out there naked to the world, in a way.” Another participant recognized, “We have to earn their (trauma survivors’) trust. You can’t expect them (the victims) to trust you just because you wear a badge.”

**Multidisciplinary Collaboration.** Participants identification of multidisciplinary players with which they regularly collaborate as part of routine job duties varied by position held. Law enforcement officers (LEO), child protective investigators (CPI), and domestic violence/sexual assault advocate (DV/SAA) groups all identified working collaboratively with multidisciplinary professionals from all five of the selected professional areas, among others. Emergency medical personnel (EMP) did not list any of the professionals from the four other areas as part of their team even though every other group claimed collaboration with them. The child welfare case managers (CWCW) included only EMP as part of their cumulative list omitting LEO, CPI, and DV/SAA, even though they are housed in the same workspace within this area of Florida. Some participants reported blaming the other interprofessional when initiating trust with survivors. For example, one CWCW stated that they tell clients, “we’re not child protective investigators...we didn’t remove your children” to gain the survivors’ cooperation. Not one of the participants identified the survivor as part of their collaborative team.

### **Risks to Social Service Professionals**

**Well-being.** Repeat exposure to survivors and their traumatic stories, that is part of participants’ routine job duties, was recognized as a precursor to damaging physical and mental

well-being and adversely impacting participants' professional and personal relationships. Participants reflected that they need to be both physically and mentally strong and show no emotion when acting in their positions. They made comments such as, "You just deal with the situation ... You're trained to solve the problem as best you can and then deal with it as best you can afterwards." Another participant stated, "You have to keep it together in the moment. But your brain is just like, 'What?' You hear it all and you can't get over it."

Furthermore, feelings of not being safe in their work environment damaged professionals' mental well-being. When asked how their professional environment provided feelings of safety, LEO's, CWCM's, and CPI's verbalized feeling both physically and mentally unsafe in their positions. One participant stated:

I don't think my work environment provides any feelings of safety. It's more stress than feeling safe, not just physically being safe, but it's my job. There's a lot of stress inherent that's not related to any calls for service ... I wouldn't say there's any feelings of safety there.

To escalate feelings of not being safe at work, one participant who had a child die on their caseload was publicly exposed when the Florida Sunshine Law permitted identification of the investigator assigned to the case. In response, this participant felt unsafe within their community as well as in their work environment. Even though the case had been closed for nearly two years when the child died, this individual felt unsafe when exposed for being professionally associated with this unforeseen death. When asked how their work environment provided feelings of safety, this participant responded, "Honestly, it doesn't. It's just a lot of bad ... We did our jobs, and because the child died, now it's public record because of the Sunshine Law. Your information, your name ... is given just to the world."

**Relationships.** Respondents offered statements identifying how preconceived labels associated with their professional roles affect their interactions with clients before even encountering the person. Perceptions related to the associated authoritative titles create an immediate adverse reaction due to stereotypes held within the environments these professional/client interactions occur within. CPI and LEO both equally identified these negative obstacles that precede their interactions. One participant said, “A lot of people have a misconception about CPS and what we do already, so it’s kind of hard. They think that we’re just trying to come in and steal kids away and take kids and things like that.” Another participant stated, “We’re screamed at and called everything in the book and accused. That was the hardest part for me to get used to, was accused of being the bad guy every day.”

All participants recognized the strain such work has on their personal relationships as well. One such participant summarized:

You bring stuff home and it’s a lot of stuff people can’t relate to ... it’s very hard to communicate. You come home and your other goes, “Well, what’s for dinner?” And I’m like, “I don’t care,” because it’s not important. It’s not relative to what you just dealt with. It definitely breaks down some of the communication or priorities in your life dealing with stuff like that. Some of that lasts weeks after some of these events.

Other participants identified that it’s hard for friends in other fields to understand the magnitude of what they do. One participant explained, “If my friend said, “Oh, I had a horrible day,” they’re in sales or something like that, I just laugh ... most of my friends don’t understand the gravity of what I do, of what we do here.”

### **Indirect Trauma**

**Indirect Trauma Symptoms Experiences.** Participants shared incidents having occurred to them at some point during their career that align with indirect trauma symptoms. One participant stated, “I was just too attached to this girl, and I actually got taken off the case ... that affected me, I was bawling at my desk.” Another stated, “Work, it’s just always there and it’s always ... to me, I just think very fast paced. My heart’s always racing, always something to do, can’t ever get your sleep caught up. It’s just there. It’s hovering.”

A total of twelve out of the fifteen participants specifically identified how they were impacted by indirect symptoms at some point through their career. Some of the incorporated symptoms that were acknowledged as having been experienced are: feeling overly upset, being emotional, crying often, isolation, depression, exhaustion, withdrawal from normal activities, irritability, nervousness, recurring vivid dreams, anxiousness, no motivation, overly protective of others, and not trusting of others.

**Baccalaureate Trauma Education.** Over 85% of participants reported not learning about secondary trauma, a more notably recognized manifestation of indirect trauma symptoms, in their bachelor’s-level studies. Of the two participants that acknowledged learning about secondary trauma, one provided an accurate definition confirming understanding. They defined secondary traumatic stress as:

It’s when ... we see someone else’s trauma and we take it ... home with us and it becomes like our own trauma and we put that before ourselves and think about it, and ... it causes problems with wanting to work and putting our whole heart into it anymore.

The second respondent acknowledged that they “learned so much about it,” but the description provided was inaccurate, demonstrating it was an incomplete understanding. They stated, “Secondary trauma. Isn’t that the trauma that you experience again, like you keep experiencing it



because you're hearing about trauma, so I think you can go back to your own experiences perhaps?" Several participants confusingly defined revictimization as secondary trauma. One such participant stated, "Secondary trauma is when they (the trauma victim) experience additional trauma that they already experienced."

### **Discussion**

This qualitative study consisted of fifteen semi-structured face-to-face interviews that sampled bachelor's-level social service professionals serving in multidisciplinary system-of-care environments with high trauma exposure rates in the state of Florida. Participants described their need for an interdisciplinary generalist trauma-informed knowledge foundation. PIE and TI perspectives were utilized as the combined organizational framework to understand participants individual interpretations of their work within multidisciplinary system-of-care environments. Results demonstrated that bachelor's-level participants lack a basic trauma-informed foundation.

#### **Lack of Collaboration**

Multidisciplinary system-of-care environments were created with the intention of collaboration between professionals offering an array of services from a range of training backgrounds (Rhineberger-Dunn et al., 2016). In opposition to Rhineberger-Dunn et al.'s (2016) claim, participants identified there to be a lack of collaboration within their professional environments. All participants identified collaboration with their immediate team, yet only a few identified collaborations with the larger interdisciplinary team members even when working in the same building. Trust amongst team members is unable to be established when professionals are not working collaboratively with each other. Participants reported blaming or apologizing for what other team members did during treatment efforts with the survivor. The us-versus-them mentality reflected by participants contradicts the collaborative goal that system-of-care

environments were established to bolster. Consistent collaboration with the larger team would provide strength in treatment provision for survivors, increase trustworthiness among colleagues and survivors, and offer additional support systems from like-minded individuals for professional mental well-being.

Trauma-informed researchers agree that collaboration is fully successful only when approached by utilizing a collective knowledge perspective consisting of each member of the extended collaborative team, combined with the client's interpretation of their experience and their individualized coping responses (Harris & Fallot, 2001; Ko et al., 2008, Levenson, 2017). Out of alignment with the collaborative goals of multidisciplinary environments, every single participant failed to identify the survivor as part of their team. A professional understanding of the individualized client experience cannot fully exist until social service professionals of all levels learn to explicitly identify the survivor as the most significant member of the multidisciplinary team. Participants serving in mandated environments acknowledged routinely making the victim address what happened when they are not yet ready to do so. Levenson (2017) recognized that survivors cannot feel mentally safe to participate in treatment if forced to disclose their story prior to their willingness to do so. Wilson et al. (2013) identified that control is an especially important factor in the treatment process as control was taken away from the client during the traumatic incident. When forced to participate before they are ready, the survivor is left powerless, placing the professional in a position of control. The problem remains that participants failed to recognize the survivor and the other interdisciplinary professionals as part of their collective treatment team thus negating the collaborative treatment goal their work environments claim to achieve, excluding recognition of the intertwined connections found in the PIE perspective and eliminating the trust and collaboration components of the TI perspective.

### **Impact of Professional Roles**

Findings in this study are similar to previous findings in that the roles and responsibilities identified by participants clearly acknowledge the vast amounts of time spent with trauma survivors having experienced a multitude of different traumatic experiences (Adams & Riggs, 2008; Cocker & Joss, 2016; Knight, 2010; Rhineberger-Dunn et al., 2016). Findings differ in that this study focused on interdisciplinary baccalaureate-level professionals experiences with indirect trauma symptoms when working with high trauma populations versus previously studied specialized masters-level professionals. Indirect trauma is an overarching term created by Knight (2010) that includes all symptoms experienced by helping professionals. As there are several distinct yet overlapping terms historically utilized to describe symptoms experienced by professionals, “indirect trauma” is the term selected for this research as it encompasses a broad range of symptoms. Findings demonstrated that participants have experienced indirect trauma symptoms consistent with Knight’s definition that have significantly impacted their physical and mental well-being. Eighty percent of participants reported having had or were currently experiencing indirect trauma symptoms, such as increased heart-rate, persistent, intrusive thoughts, vivid dreams, change in world view, hyperarousal, over attachment to clients, abnormally reactive to ordinary situations, and loss of interest in life activities that generally bring them joy, among others. It is important for professionals to recognize that they, too, must take control over the indirect traumatic symptoms experienced.

TI literature agrees that routine exposure to traumatic client stories can negatively impact professionals’ personal and professional relationships (Cocker & Joss, 2016; Ellis & Knight, 2018; Michalopoulos & Aparicio, 2012; Rhineberger-Dunn et al., 2016). Outcomes from this study consistently supported these findings as participants from every professional area reported

negative experiences associated with professional and personal relationships. It is important that social service professionals be able to identify that they have unique interpretations and reactions to their encounters within the treatment environment and need tools to utilize to assist in adequately rebounding when symptoms present. The problem remains that bachelor's-level professionals lack an understanding of how to employ resiliency skills and coping techniques for overall well-being. Teaching bachelor's-level students how to employ resiliency skills and coping techniques would deem advantageous to aid in resolving the impact that such work can have on professionals and their relationships.

Effective interventions are compounded when service providers feel physically and/or mentally unsafe within their environment (Carello & Butler, 2015). Findings demonstrate that professionals have experienced feelings of being both physical and mentally unsafe within the positions they serve. Further compounding these feelings are the laws in place such as the Florida Sunshine Law that publicly exposes professionals thus impacting professional, personal, and community relationships. The recurring issue is that many participants identified their work environment as both physically and mentally unsafe and unsupportive thus negatively impacting their professional and their personal relationships. Professionals are unable to fully assist survivors when the first step of the TI perspective, safety, is not attended to.

### **Trauma-Informed Educational Needs**

In 1997, Rome brought awareness to the fact that many team members working within multidisciplinary systems-of-care are lacking the formal knowledge to address the specific needs of trauma survivors. Kenny, Vasquez, Long, & Thompson again brought awareness to this fact in 2017. Multiple authors identified the importance of collaborative efforts of professionals from multiple disciplines such as child welfare, child protection, corrections, emergency response,

healthcare, and domestic and sexual assault (Adams & Riggs, 2008; Cocker & Joss, 2016; Kenny et al., 2017; Ko et al., 2008). Even with repeat acknowledgement, trauma-informed knowledge still has not explicitly appeared within bachelor's-level curriculum and hasn't been produced from an interdisciplinary perspective. Findings once again bring awareness to the fact that bachelor's-level social service professionals are lacking a basic trauma-informed knowledge base from which to pull when working with individuals who have been traumatized. When directly asked to define STS only one participant was able to accurately define and only one other acknowledged knowing the term but could not correctly define it. The problem remains that professionals recognize the adverse reactions experienced during job performance yet are lacking the knowledge to define and rebound from such symptoms.

Cocker and Joss (2016) identified that the goal of higher educational institutions should be to create healthy professionals who are able to return to high functioning after client exposure. Michalopoulos and Aparicio (2012) acknowledged that investment in professional education increases alumnus' overall well-being. Findings demonstrate that professionals are not receiving such an investment from their higher educational studies as they are lacking the tools needed to overcome the symptoms experienced when working with trauma survivors. The intention of such curriculum should not be to eliminate indirect symptoms from occurring but should offer tools for utilization when coping with associated feelings.

### **Strengths of this Study**

This research is robust in that it was not limited to one area of professional focus as realistic multidisciplinary system-of-care settings employ professionals from many different disciplines with the expectation that they effectively work together as a unified team. Secondly, this study gave voice to a group of individuals who have been silenced in the past. Bachelor's-

level professionals from a multitude of backgrounds told their professional story from their perception. Lastly, there was a recognized need for this topic as evidenced by participants desire and willingness to participate in the study. Program Directors also felt the research topic important as evidenced by their disseminating the study details to qualifying employees, thus encouraging employee participation.

### **Studies Limitations**

The greatest limitation of this study is that there was not an interdisciplinary TI curriculum found to be taught at the bachelor's-level. Without such a course mimicking the professional environmental structure of multidisciplinary system-of-care environments, master's-level literature was predominantly utilized as a comparative measure for study findings. Secondly, the positive outcomes associated with working with trauma survivors were not attended to in this study. Many professionals serving in bachelor's-level social service positions do find joy in such important work and are able to effectively rebound from exposure to other people's traumatic experiences finding empowerment and fulfillment from rewarding careers. Lastly, this study did not attend to unresolved trauma experiences in professionals who serve in trauma environments. Research has proven that many trauma serving professionals enter such work without first addressing their own underlying unresolved experiences.

### **Future Studies**

It is believed that future research would benefit from a longitudinal study exploring to see if over time an applied undergraduate interdisciplinary trauma-informed curriculum would indeed positively change collaborative professional/client relationships within system-of-care environments. Such a study would also benefit from simultaneously detecting if trauma-informed knowledge increased professional resiliency against indirect trauma symptoms. Future research

would greatly influence the application of such a course where further study could compare bachelor's-level professionals having received TI education to those professionals performing within the same environments with no formal TI training. Secondly, future research would benefit from investigation looking to determine if the same curriculum would equally benefit professionals who serve mandated clients versus those who serve voluntary clients. A third course of investigation for future focus would determine if the same curriculum would equally benefit professionals who work with trauma survivors versus trauma perpetrators. Many multidisciplinary systems-of-care serve both perpetrators and survivors simultaneously, yet this research focused exclusively on work with survivors.

### **Implications for Practice and Educators**

This study's results validated the need for bachelor's-level professionals to be trauma knowledgeable. Treatment approaches would be enhanced if met by all levels of professionals serving in every capacity within system-of-care environments originating from a shared understanding of the intertwined connections between professionals and survivors and the individual impact on them. Based on these findings, it is this researcher's recommendation that a trauma-informed course be offered at the baccalaureate level, where it might not yet be. Such a course would best be served through inclusion of interdisciplinary fields of study, mirroring working environments that alumni may encounter. It is believed that this curriculum would offer students a sufficient TI foundation by incorporating the following components: 1. Awareness of how multidisciplinary system-of-care environments and all the individuals, collaborative professionals as well as client, within these environments impact each other; 2. Identification of how resiliency strategies benefit their safety and well-being; 3. Awareness of a unique strengths-based approach to assist client choices in both mandated and voluntary treatment relationships; 4.

Demonstrate how to establish trusting relationships with multidisciplinary players and survivors equally; 5. Teaching collaboration within teams with survivors as the lead collaborator, thus empowering survivors (Adams & Riggs, 2008; Knight, 2010; Knight, 2018; Marlowe & Adamson, 2011; Strand et al., 2014).

It is further recommended that social work educators proactively take the lead in creation of such a course, as TI skills align with generalist undergraduate social work foundations (Knight, 2018). Such a course would build upon this foundation to teach TI knowledgeable skills, offering bachelors-level professionals' additional tools to implement when working with trauma victims.

Study results demonstrated that participants serving in multidisciplinary system-of-care positions in the state of Florida would benefit from specific trauma-informed knowledge. Higher education programs could better prepare students for introduction into the high-trauma field by providing a course as part of the baccalaureate curriculum that reflects what work within a multidisciplinary system-of-care looks like. Such a course would encourage and support professional health by teaching resiliency skills which would offer the ability to recover quickly and return to high functioning following exposure to survivors' traumatic stories. The curriculum would deem beneficial to highlight the advantages of collaboration between professionals and clients identifying the impact such connections have on all parties involved within such environments. The goal of a bachelor's-level TI course is not for students to become trauma-informed practice specialists, but to provide these responders with an ample trauma-informed foundational knowledgebase within the generalist parameters of their positional duties.



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Poster Presentation: A Call for Trauma-Informed Educational Practice in Baccalaureate  
Curriculum

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Joyce L. Hepscher, a doctoral student in the Doctorate in Social Work Program, School of Social Work, University of St. Thomas. The author would like to thank the anonymous peer reviewers who offered feedback on this presentation.

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## Presentation Abstract

In this poster, a call is made to incorporate trauma-informed knowledge into interdisciplinary baccalaureate curriculum to decrease the indirect traumatic symptoms experienced by bachelor's-level trauma professionals. Over the past 30 years, trauma-informed educational practice has been recognized as a specialization of graduate curriculum. Despite the growth in understanding that bachelor's-level professionals also experience indirect symptoms, TI knowledge still has not been explicitly included in baccalaureate curriculum. Person-in-environment and trauma-informed perspectives are the two theories utilized as a combined conceptual framework. The author argues that inclusion of a trauma-informed knowledgebase portraying interdisciplinary collaboration with other highly trauma exposed disciplines within baccalaureate curriculum will assist bachelor's-level professionals serving in social service positions immediately following graduation.

*Keywords:* trauma-informed, indirect trauma, interdisciplinary collaboration, bachelor's-level trauma professionals, interdisciplinary baccalaureate curriculum

### Poster Presentation

This electronic poster was presented at the Council on Social Work Education's (CSWE) 65<sup>th</sup> Annual Program Meeting (APM) in Denver, CO on Friday, October 25, 2019 at 10:30 am. The meeting was held at the Sheraton Denver Downtown Hotel. The electronic poster is titled, "A Call for Trauma-Informed Educational Practice in Baccalaureate Curriculum." This presentation was based on a conceptual paper calling for trauma-informed interdisciplinary educational practice in undergraduate curriculum. The conceptualized findings brought awareness to the need for inclusion of trauma-informed knowledge in interdisciplinary baccalaureate curriculum to aid bachelor's-level professionals seeking employment in social service positions with high trauma exposure rates by providing them with tools to assist in recovery from indirect traumatic symptoms.

The conference was themed—Social Work Education: Looking Back, Looking Forward—to reflect on our past and help us envision the future of social work education and practice. This poster presentation aligned with the theme in that it utilized historical trauma-informed research to conceptualize how trauma-informed practices incorporated into baccalaureate curriculum from an interdisciplinary perspective would offer bachelor's-level social service professionals a trauma foundation to enhance the generalist skills already incorporated into current curriculum. While trauma-informed has been seen as a master's-level specialization for the past 30 years, it has now become apparent that bachelor's-level professionals are experiencing indirect traumatic symptoms, equivalent to that of their master's-level teammates. Bachelor's-level social service professionals would benefit from becoming trauma knowledgeable, not trauma specialized, to assist in negating indirect traumatic symptoms. Social work educators are called to become proactive in creating a course that would provide

tools for bachelor's-level social work student success in highly trauma exposed positions immediately upon entry into the field. A curriculum constructed from a trauma-informed knowledgebase offering a strengths-based and person-centered perspective, which can be applicable to any community social service practice field.

## A Call for Trauma-Informed Educational Practice in Baccalaureate Curriculum

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### Abstract

In this presentation, a call for trauma-informed interdisciplinary educational practice in baccalaureate education is made to decrease indirect trauma symptoms in bachelor's-level trauma professionals. Over the past 30 years, trauma-informed educational practice has been increasingly incorporated into graduate curriculum, yet has not been included in baccalaureate curriculum. Many front-line social service professionals' highest level of education is a bachelor's-level degree. Person-in-environment and trauma-informed perspectives are the two theories that will be utilized as a combined conceptual framework. In this presentation, the author argues that inclusion of trauma-informed educational practice in interdisciplinary baccalaureate curriculum will assist bachelor's-level professionals seeking employment in social service positions by providing them with useful tools to alleviate indirect traumatic symptoms and increase retention rates.

### Gap in Research

Despite ...

- growth in understanding indirect traumatization,
- findings that social service workers are impacted by direct service experiences with trauma survivors,
- that many front-line workers highest level of education is bachelor's-level, and
- these professionals hold degrees from a wide range of disciplines,

few attempts have been made to expand generalist baccalaureate social work curriculum to include a trauma-informed focus (Carello & Butler, 2015; Crosby, 2015; Kenny, Vazquez, Long, & Thompson, 2017; Marlowe & Adamson, 2011; & Strand, Abramowitz, Layne, Robinson, & Way, 2014).

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### Background Information

Figure 1. Impact of Indirect Symptoms

Figure 2. Impact of Trauma Informed (TI) Education

- Trauma-informed education has greatly influenced graduate social work curriculum, master level practice, and agency care in work with clients traumatized by a range of exposures such as:
  - interpersonal violence, community violence, war related experiences, post-traumatic stress disorder (PTSD), medical trauma, natural disasters, traumatic loss and chronic conditions such as poverty, discrimination and oppression (Crosby, 2015; Levenson, 2017; Strand et al., 2014; Wilson, Pence, & Conrad, 2013).
- Social service professionals who regularly encounter trauma survivors through routine assignments and closely collaborate as part of an overarching helping team:
  - hold varied degree levels, have diverse educational training and perform substantially different job duties, (Cocker & Joss, 2016; Ellis & Knight, 2018; Ludick & Figley, 2017; Saloum, Kondrat, Johnco, & Olson, 2015).
- Trauma-informed curriculum offers social service professionals:
  - skills in understanding and recognizing the lived experiences and individual interpretations trauma exposure has on individuals,
  - consideration of the broader social environment in which trauma occurs,
  - knowledge in effective professional response,
  - strategies to prevent risk of indirect trauma (Cocker & Joss, 2016; Saloum et al., 2015; Strand et al., 2014).

### Figure 3. Social Service Professionals and Interdisciplinary Degrees Held

### Key Terms

**Trauma**  
a physical or emotional incident that an individual interprets in such a way that it creates adverse effects in their mental, physical or emotional functioning and well-being (Levenson, 2017; SAMHSA, 2018; Wilson et al., 2013).

**Indirect Trauma**  
a recognized occupational hazard, occurs due to repeat exposure to client's traumatic interpretations causing both personal and professional impairment (Knight, 2013).

**Indirect Trauma Symptoms**  
are incumbent of the manifestations of secondary traumatic stress, vicarious trauma and compassion fatigue. Symptoms vary greatly from person to person and include but are not inclusive of suspiciousness, anxiety, depression, sadness, intrusive thoughts and feelings, avoidance, nightmares, insomnia, emotional outbursts, and increased feelings of personal vulnerability (Ellis & Knight, 2018; Figley, 1999).

**Trauma-Informed Knowledge**  
recognizes the prevalence of common traumatic experiences and identifies that an individual's problems occurring in the present are affected by their past experiences in combination with the current experiences and their perceived interpretation of the two (Marlowe & Adamson, 2011).

**Trauma-Informed Practice**  
Arguments abound that trauma-informed practice is a specialist skill for graduate level clinical professionals yet literature supports the need for all levels of professionals serving in positions with high trauma exposure to not be trauma-informed practice specialists, but to be sufficiently trauma-informed knowledgeable to effectively aid survivors within the parameters of their positions duties (Ko et al., 2008; Marlowe & Adamson, 2011; McKenzie-Mohr, 2004).

## A Call for Trauma-Informed Educational Practice in Baccalaureate Curriculum

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### Recommendations

1. Social work educators should become proactive in creating a trauma-informed course that would provide tools for bachelor's-level social work student success immediately upon entry into the field.
2. Trauma-informed curriculum providing professionals the tools needed for symptom recognition to relieve damaged perceptions of the self from occurring are needed to build professional resilience.
3. A curriculum constructed from a trauma-informed knowledge base offering a broader, holistic, strengths based, and person-centered perspective, which can be applicable to any community social service practice field and generalist social work position is recommended.
4. An embedded social work foundation is argued for use as the supporting foundation for such an interdisciplinary course as trauma-informed curriculum builds off generalist social work skills.
5. Interdisciplinary collaboration where multiple disciplines come together in higher education environments would assist in raising the professional standard of care nationwide.

### Continued Research

- Underway is a qualitative research study answering: "How bachelor's-level social service professionals working in multidisciplinary teams in positions in the state of Florida represent their needs for interdisciplinary trauma-informed knowledge."
- Interviews conducted utilizing three professionals from each of the following five social service disciplines:
  1. Child Protective Investigations
  2. Child Welfare
  3. Domestic violence/Sexual Assault
  4. Emergency Medicine
  5. Law Enforcement

### Conceptual Framework

Person-in-Environment

A holistic theoretical approach used to understand how exchanges between the physical person and their environment shape and influence each other over time (Crosby, 2015; Gitterman, Germain & Knight, 2018).

Trauma-Informed Perspective

A theory built on five core values: Safety, trustworthiness, choice, collaboration, and empowerment (Carello & Butler, 2015; Levenson, 2017; Substance Abuse and Mental Health Administration [SAMHSA], 2018; Wilson et al., 2013).

Value	Physical and mental safety of victims, organizations, and social service professionals	Interventions are ineffective if the client does not feel safe in the environment or mentally safe to participate in treatment efforts.
Trustworthiness	Understanding of expectations and boundaries important to building trust within the client/professional relationship.	Professionals must eliminate vagueness and set clear service delivery guidelines and boundaries so clients obtain a full understanding of what is expected of them and what they can in turn expect from the professional.
Choice	Provides control to survivors in treatment services.	Professionals need to provide activities in which return control to the survivor as their individual control was taken away during the traumatic event.
Collaboration	Collaborative team approach needed to provide effective trauma intervention.	Most successful when the professional-client relationship combines the professional's working knowledge with the client's interpretation of their lived truths and coping responses.
Empowerment	Strength-based approach that prioritizes skill building through recognition of strengths and skills, allowing the client to feel validated and affirmed.	Professionals can help clients develop self-advocacy skills, leading to self-empowerment by believing that every survivor's experience is unique, combined with a belief that survivors are resilient.

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